

ATTENTION APPLICANTS:

The deadline for submitting applications to the Board of Fire and Police Commissioners for the City of Paris in care of City Hall, 206 S. Central Ave., Paris, IL 61944 is 5 p.m., October 11, 2024, in care of Cathy Hess. **All attached paperwork must be submitted by the deadline or the application will be considered incomplete and the application will not be allowed to attend the testing process.**

**Application packet must be submitted in a sealed envelope addressed to The Board of Fire and Police Commissioners.**

Testing will be conducted on Saturday October 19, 2024, at 2 p.m. at the Fire Department Training Center at 11200 Cherry Point St. in Paris.

All applicants must present proof of identification prior to testing,

The written test will be administered at the Fire Training Center following the physical ability test.

CITY OF PARIS  
BOARD OF FIRE AND POLICE COMMISSIONERS

APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_  
LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
DRIVER'S LICENSE NUMBER \_\_\_\_\_  
NAME AND PHONE NUMBER OF PERSON TO CONTACT IN CASE OF EMERGENCY:  
\_\_\_\_\_

**EMPLOYMENT INFORMATION:**

List your work history starting with your most current employer.

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

<u>Name &amp; Location</u>	<u>Did you graduate?</u>		<u>Degree Received</u>
	Yes	No	
High School: _____			_____
College: _____			_____
Graduate School: _____			_____
Trade or Business School: _____			_____

**GENERAL**

Subjects of special study or research work \_\_\_\_\_

Special Skills: \_\_\_\_\_

Activities: (Civic, Athletic, Etc.) \_\_\_\_\_

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Present Membership in National Guard or Reserves \_\_\_\_\_

**REFERENCES:** Give the names of three persons not related to you, whom you've known at least one year.

Name	Address	Business	Years Acquainted

**OTHER:**

1. Are you eligible to work in the U.S.? \_\_\_\_\_
2. Are any of your relatives employed by the City? \_\_\_\_\_  
If yes, please state name and relationship \_\_\_\_\_

**DRUG FREE WORKPLACE:**

The City of Paris is committed to providing a drug free work place. All job offers will be contingent upon successful completion of a drug screening test.

I do hereby voluntarily agree to undergo a urinalysis test for drugs. I give my consent to release the urinalysis drug testing results to the City of Paris to be used as part of my job application process.

\_\_\_\_\_  
**Signature of Applicant**

**APPLICANT'S STATEMENT**

I certify that the answers given are hereby true and complete to the best of my knowledge. I understand that any false or misleading information given in my application or interview may result in discharge. I understand that neither this application nor any offer of employment constitutes an employment contract.

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**Signature of Applicant**

## PHYSICAL FITNESS P.O.W.E.R. TEST

1. **SIT AND REACH TEST** -- This is a measure of the flexibility of the lower back and upper leg area. It is an important area for performing police tasks involving range of motion and is important in minimizing lower back problems. The test involves stretching out to touch the toes or beyond with extended arms from sitting position. The score is in the inches reached on a yardstick with 15 inches being at the toes.
2. **ONE MINUTE SIT-UP TEST** -- this is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that may involve the use of force and is an important area for maintaining good posture and minimizing lower back problems. The score is in the number of bent leg sit-ups performed in one minute.
3. **ONE REPETITION MAXIMUM BENCH PRESS** -- This is a maximum weight pushed from the bench press position and measures the amount of force the upper body can generate. It is an important area for performing police tasks requiring upper body strength. The score is a ratio of weight pushed divided by body weight.
4. **1.5 MILE RUN** -- This is a timed run to measure the heart and vascular systems' capabilities to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and to minimize the risk of cardiovascular problems. The score is in minutes and seconds.

### MINIMAL PHYSICAL FITNESS PERFORMANCE REQUIREMENTS CHART

Test	Male Age				Female Age			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
<b>Sit and Reach</b>	16.0	15.0	13.8	12.8	18.8	17.8	16.8	16.3
<b>One Minute Sit-up</b>	37	34	28	23	31	24	19	13
<b>Maximum Bench Press Ratio</b>	.98	.87	.79	.70	.58	.52	.49	.43
<b>1.5 Mile Run</b>	13:46	14:31	15:24	16:21	16:21	16:52	17:53	18:44

### PREPARING FOR PHYSICAL FITNESS TESTS

1. **PREPARING FOR THE SIT AND REACH TEST.** Performing sitting type of stretching exercises daily will increase this area. There are two recommended exercises: Sit and Reach. Do five repetitions of the exercise. Sit on the ground with legs straight. Slowly extend forward at the waist and extend the fingertips toward the toes (keeping legs straight). Hold for ten seconds. Towel stretch. Sit on the ground with the legs straight. Wrap towel around the feet holding each end with each hand. Lean forward and pull gently on the towel extending the torso toward the toes.
2. **PREPARING FOR THE SIT-UP TEST.** The progressive routine is to do as many bent leg sit-ups (hands locked behind the back of your neck) as possible in one minute. At least three times a week, do three sets (three groups of the number of repetitions you did in one minute.)
3. **PREPARING FOR THE ONE REPETITION MAXIMUM BENCH PRESS.** If you have access to weights, determine the maximum weight you can bench press one time. Take 60% of that poundage. This will be the training weight. You should be able to do eight to ten repetitions of that weight. Do three sets of eight to ten repetitions of that weight. Do three sets of eight to ten repetitions adding 2 ½ to 5 pounds every week. If you do not have weight equipment then the push up exercise can be utilized. Determine how many push ups you can do in one minute. At least three times a week, do three sets of the amount you can do in one minute.
4. **PREPARING FOR THE 1.5-MILE RUN.** If you are not used to running, you should start on a gradual schedule where you start walking, increase the distance each week until you can start into a walk/jog, and then proceed into a jog for a recommended two miles decreasing the time each week.

**Note to Candidate:**

To complete the attached form, please include the name and address of your physician on the top portion of the release form along with your name and social security number. Also, please complete the bottom portion of the form being sure to sign and date the form.

# AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

TO: \_\_\_\_\_  
(Health Care Provider)

\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_ S.S. # \_\_\_\_\_  
(Candidate's name)

This release authorizes the physicians, dentists, nurses, chiropractors, therapists, hospitals, clinic, dispensaries, home health care centers or any other medical facility or health care provider or state, federal, or local government unit (such as the Social Security Administration), named above to discuss with, release to for copying and/or provide copies to:

Board of Fire and Police Commissioners  
City of Paris  
206 S. Central Avenue  
Paris, IL 61944

Any of the following: any and all records, reports, x-rays, photographs, notes, bills, payment schedules, prescriptions for any other results of investigation, diagnosis, treatment or prognosis concerning the injuries of the undersigned and any other condition of same.

A photocopy of the original of this authorization shall have the same effect as the original.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

BOARD OF FIRE AND POLICE COMMISSIONERS  
CITY OF PARIS  
206 S. CENTRAL AVENUE  
PARIS, IL 61944

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**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review or full disclosure of all records concerning myself to any duly authorized agent of the Board of Fire and Police Commissioners for the City of Paris, whether the said records are of public, private, or confidential nature.

I understand that any information obtained by a personal history or background investigation which is developed directly or indirectly, in whole or in part, will be considered in determining my suitability for employment by the City of Paris.

I agree not to hold any person who furnishes such information accountable as a result of furnishing said information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

Witness: \_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_



BOARD OF FIRE AND POLICE COMMISSIONERS  
CITY OF PARIS  
206 S. CENTRAL AVENUE  
PARIS, IL 61944

I, \_\_\_\_\_ do hereby certify that I have read the attached  
(Physician's name)  
sheet listing the physical agility testing procedures for the City of Paris, and I do  
hereby certify \_\_\_\_\_ is physically capable of  
(Candidate's Name)  
participating in this physical agility test.

Physician's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_